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The Impact of a Parenting Skills Training Program on Stressed Mothers and Their Children's Self-Esteem Level

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Abstract

In the present study, 250 elementary school children and their mothers participated. First, the mothers were screened using the Parenting Stress Index (PSI). Based on the screening, 80 overstressed mothers were selected; ultimately, 38 mothers were assigned randomly into either the experimental group or the control group. The Parenting Skills Inventory and Coopersmith Self-Esteem Inventory (CESI) were used prior to and following training to measure the impact of the parenting skills training program on the mothers and their children, whose average age was 10.6 years. The results revealed that the self-esteem level of children increased significantly after 8 training sessions.

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1. Introduction

Self-esteem means truly loving and valuing oneself and is a personal assessment of worthiness. People with high self-esteem appear poised and confident and are less influenced by others. This is different from being self-centered, conceited, or obnoxious. Building self-esteem is an ongoing process. It reaffirms that you have accepted yourself as you are, but continue to work on capitalizing on your strengths (Robins et al. 2002).

An individual with high self-esteem feels good about him/herself and can face the challenges of life more effectively. High self-esteem provides the basis for success and coping with daily life in a rapidly changing environment. Self-esteem affects the way we relate to ourselves, to others, and to life in general. It affects the way we learn, work, and build relationships. Our personal success or failure lies in our self-esteem. If we believe we can, we do. If we believe we can't, we don't even try. If you have high self-esteem, you are willing to try new things, develop closer relationships, maintain self-confidence, and remain flexible (Potter et al, 2001). Orth et al. (2009) show that individuals with low self-esteem are prone to depression because they lack sufficient coping resources, whereas those with high self-esteem are able to cope effectively and consequently avoid spiraling downward into depression.

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Research shows that students with high self-esteem do better in school and have more appropriate friends and fewer problems with parents and teachers. They also are less likely to become involved in destructive behaviors.

Numerous studies have focused on self-esteem as a predictor of various behaviors and psychological adjustment (Leary and MacDonald, 2005). Some theorists have suggested that high self-esteem leads to adaptive behaviors and well-being and emphasized the importance of enhancing self-esteem (Diener, 1984; Taylor and Brown, 1988; Okada, 2010).

While all of these risk factors have been shown to be associated with childhood low self-esteem, consistent parenting has been implicated as the greatest risk factor (Brown et al., 1990; Parker, 1989, 1993; Rosenberg and et al, 1989). Thus, parents can provide support and influence many of their children's life decisions and choices. Hoghughi and Long (2004) showed that maternal behaviors, such as emotional stability, impact children's mental health. Porter and Porter (2004) showed that parenting stress, depression, hopelessness and low self-esteem lead to decreased mother-infant attachment and limited parenting effectiveness.

However, self-esteem is one of the issues related to the behaviors that develop in the family system. Therefore, the parents have key role in producing children with high self-esteem. In contrast, teens whose backgrounds are characterized by an absence of parental warmth (relatedness deficiency) and excessive control (autonomy deficiency) experienced poor self-concepts and low self-esteem (Ryan and Brown, 2005; Brown and Ryan, 2003).

Parenting is one of the most relevant perspectives in the study of relationships between parents and children. Dehart et al. (2006) showed that mothers who have problematic interactions with their children become overstressed, and their anxious state leads to weak parent-child interaction. Pourabdoli et al. (2008) showed that the relationships among a child's perceptions of his/her mother's parenting style, the child's locus of control and his/her self-esteem were statistically significant. In addition, Mazaheri and Baghban (2006) showed that self-esteem group training utilizing behavioral and cognitive-behavioral techniques has significant effects on students' social adjustment and self-esteem.

There are various interventions to increase self-esteem, but parents play a key role in modifying children's maladaptive behaviors; hence, it is notable that relieving parental stress—particularly in mothers—as a first step may improve parents' mental health and prepare them to better perform their parental roles. One of the most influential programs to control such behaviors is a parenting “skill training program for stressed mothers”. We decided to evaluate the role of the mothers' in their children's self-esteem levels because in most societies (e.g., Iran), mothers are most often responsible for caregiving roles, such as meeting the physical, emotional and social needs of children, and are more susceptible to being overstressed in comparison with fathers, who fulfill mainly disciplinary roles and have less contact with their children (Kwok and Wong, 1999).

Early research by Baumrind (1983) found that preschool children whose parents demonstrated authoritative parenting behaviors exhibited self-motivation in preschool and positive adjustment upon entering elementary school. Conversely, children of authoritarian parents were inhibited and lacked initiative. Thus, parenting styles can influence children's mental health (McWayne et al., 2008). Nevertheless, different studies have questioned whether those results can be generalized to other ethnic or cultural contexts. For example, among African-American and Asian-American adolescents, there is no evidence of a positive influence of authoritative parenting on academic achievement (Dornbusch et al., 1987; Steinberg et al., 1991). Other studies have suggested that Asian-American adolescents from authoritative families are not better off in school than those from authoritarian families (Chao, 2001), and that for the Chinese population, authoritarian parenting predicts satisfaction with the overall parent-child relationship, whereas authoritative parenting does not (Quoss & Zhao, 1995). Likewise, Dwairy et al. (2006) found that in Arab societies, authoritarian parenting is not associated with negative effects on adolescents' mental health, as it is in Western liberal societies. Finally, in certain contexts, it has been found that indulgent parenting is associated with equal or better outcomes for children than authoritative parenting. These discrepancies in the associations between parenting and adolescents' adjustment suggest that parenting practices have different meanings and implications for children depending on the sociocultural context in which these practices occur. Therefore, it is essential to assess the effect of parenting styles in Iranian culture.

Prior research on the individual effects of age and sex on self-esteem have been inconclusive. Some studies have found higher levels of self-esteem for men than women (Fahrenkamp, 2001; Hong et al., 1993), but other studies have not found a sex difference (Sieber, 1997). Some studies have found higher levels of self-esteem for older

people (Hong and et al., 1993; Woodard and Suddick, 1992), but other studies have not found an age effect (Erdwins et al., 1981; Fahrenkamp, 2001; Sieber, 1997). Thus, in the present study, we selected girls as subjects to evaluate the effect their mothers' behaviors have on their self-esteem.

The purpose of this study was to examine whether the beneficial effect of authoritative parenting observed in Euro-American middle-class families in the United States (Maccoby & Martin, 1983; Steinberg et al., 1994) can be generalized to the Iranian cultural context. This is important because in Iran, no conclusive results on the relationship between parenting styles and children's outcomes have been obtained.

The following hypotheses were proposed for the effects of parenting style on adolescents' self-esteem in Iran:

- (1) Parenting skills training could change mothers' parenting styles;
- (2) Parenting skills training could decrease mothers' stress, thereby increasing their children's self-esteem levels.

2. Material

2.1. Participants

Two hundred fifty children and their mothers were recruited from among girls in the 4th and 5th grade of a primary school in Tehran. The girls had a mean age of 10.6 years and an age range of 10–11 years. The primary school was randomly selected from 22 districts of Tehran using a multilayered random-selection method. The study began in October 2008 and continued until 2009. Demographic information is summarized briefly in Table 1 (for matching the two groups).

2.2. Procedure

Four hundred mothers of female 4th and 5th graders (including 8 classes in each grade) were invited by letter to take part in the session at school. Two hundred fifty mothers volunteered, and the Parenting Stress Index (PSI) was distributed among them. Only 200 questionnaires were completed fully. Based on the PSI, 80 mothers were categorized as overstressed (with scores of 260 or more). Thirty-eight subjects were randomly chosen and divided into control and experimental groups. All 38 completed the PSI and a parenting skills inventory (Baumrind, 1971). Moreover, all daughters completed the Coopersmith Self-Esteem Inventory (CESI) before their mothers began the parenting skills training program and after it was completed. The CESI, which is a global-self esteem measure, was used for two reasons. First, we wanted a general self-esteem measure that was not constructed in any way that could be seen to conform to the predictions being tested here. Second, the CESI scale has been used in many prior studies, and thus provides good comparability with previous results. The Rosenberg scale has high reliability with test-retest correlations typically found in the various samples. Upon completing the questionnaire, participants were debriefed verbally regarding the aims of the study.

2.3. Measures

2.3.1. Parenting Stress Index (PSI; Abidin, 1990, 1995)

The PSI is used for the early identification of dysfunctional parent-child interactions, parental stress, family functioning, and risk for child abuse and neglect and to evaluate child custody decisions. The PSI consists of a 120-item test booklet with an optional 19-item life stress scale and an all-in-one self-scoring answer sheet/profile form. Child characteristics in the full scale include Distractibility/Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Mood, and Acceptability, whereas the parent measures include Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse. It yields 17 scores, including 7 child domain scores, 8 parent domain scores, and a total stress score, plus the optional life stress score. The internal consistency coefficient of the tool was determined by the developers (Abidin and Solice, 1991) in a group of American and Iranian mothers; for the total scale 93%, 86% and 94%, 89% for the child domain and 83% for the parent domain, respectively (Dadsetan and et al, 2007).

2.3.2. Parenting Skills Inventory (Baumrind, 1971)

This questionnaire evaluates parenting skills (including indulgent, authoritarian and authoritative methods of parenting) and consists of 30 statements. Buri (1991) used the pretest-posttest method to determine reliability, and the results were 81% for indulgent parenting, 86% for authoritarian, and 78% authoritative parenting. Buri also

evaluated internal consistency using Cronbach's α , with results of 75%, 85% and 82% for indulgent, authoritarian and authoritative parenting, respectively.

2.3.3. *Coopersmith Self-Esteem Inventory (CSEI; Rodger and Deymond, 1954; cited by Coopersmith, 1967)*

The Coopersmith Self-Esteem Inventory (CSEI) has been taken by thousands of individuals. Findings have demonstrated the relationship between academic achievement and personal satisfaction in school and adult life. Normative data is available for both the Adult and School forms. The CSEI can be used for individual diagnosis, classroom screening and pre-post evaluation. This measure consists of 58 items, eight of which comprise a lie scale. The remaining items are scored on a dichotomous scale ("like me" or "not like me") to provide a global measure of self-esteem. Higher scores indicate higher self-esteem. The alpha coefficient for the Total Self-Esteem scale was 88% and 79% for the Anglo-Australian and Vietnamese-Australian samples, respectively. Iranian boys, the alpha coefficient was 69%; for Iranian girls, it was 70% (Shokrkon and Nisti, 1995). Convergent and discriminate validity have also been assessed. The Total Self-Esteem score was found to be significantly and negatively correlated with the neuroticism subscale of the Eysenck Personality Questionnaire (EPQ) in both Vietnamese-Australian and Anglo-Australian samples. The Total Self-Esteem score was significantly and positively correlated with the EPQ extroversion subscale.

3. Intervention

The intervention consisted of an eight-week parenting skills program led by second-year M.S.W. students trained by the author of the program. The mothers met with the group leaders once a week for eight weeks for a didactic session with practice and role play. Each mother was also given an audiocassette recording of relaxation exercises and was urged to practice daily on her own. The program focused on stress reduction through a combination of relaxation methods and cognitive control. The interventions were selected as described by Bailey et al. (1995).

Session I included steps toward developing the "Encouragement" skill, helping parents discover and value their children's evolving strengths. Strengthening the parent-child relationship fosters self-esteem in children and builds trust between parent and child. In fact, children learn to value who they are and what they do through role playing with the trainer and by other members giving home work.

Session II, "Can do" skills, helped parents set limits on their children's behavior in constructive, appropriate ways, with the goal of helping the children change unacceptable behaviors to acceptable ones. The session included case discussion by the members and role playing by the trainer, and provided models and homework.

Session III, "Choices", taught parents to share the decision-making process with their children. Providing choices can reduce parents' anxiety about feeling that they must control every situation. The parents were encouraged to allow their children to make decisions within reasonable limits provided by adults. The session included case discussion by the members and role playing by the trainer, and models and homework were provided.

Session IV, "Self-control", taught parents to manage their responses to strong emotions and helped them learn to stop before acting impulsively. Children learn how to handle their feelings by example, so parents' self-control impacts children's. The participants were taught to observe and analyze their responses to a stressor in terms of their self-talk, the physiological symptoms they experienced, and the idiosyncratic meaning the stressor held for them. This activity was followed by a group exercise in progressive relaxation and body scanning for tension.

Session V, "Respecting feelings", taught empathy-building skills. Parents learn to understand and accept that children have a wide variety of feelings and how to show respect for their children's feelings. Consequently, children learn to accept and understand their own feelings. The session included case discussion by the members and role playing by the trainer, and then other members giving homework.

Introduced cognitive coping methods for dealing with stressors. Techniques for observing the accuracy and inaccuracy of one's self-talk were presented. The participants engaged in exercises assessing the accuracy of self-talk in terms of its correctness regarding the stressor and the meaning ascribed to the event. Behavioral and cognitive coping methods were practiced via procedures referred to as "Calm Body" (relaxation)-"Clear Mind" (accurate self-talk). Conditioned relaxation was taught, along with further practice in body tension scanning.

Session VI presented additional behavioral and affective coping measures for dealing with stress: help seeking ("talking out feelings"), exercise, rest, distraction, and emotional release (e.g., crying when appropriate). Problem-solving strategies were also taught, including generating alternative solutions and comparatively evaluating their consequences. Conditioned relaxation was practiced, and differential relaxation was introduced.

Session VII offered information about paying attention to feelings and helping mothers cope with and pay attention to their children's feelings and included case discussions, modeling, role play, and homework assignments.

The last session (Session VIII) served as an opportunity to review and practice the program's major concepts. It also allowed participants further opportunities to practice differential relaxation and cognitive coping (control). The post-test was administered at the end of the session. All sessions were conducted using a group interaction format, as well as written and pictorial teaching aids. Each participant used a workbook that presented the program concepts along with the group leader, plus exercises, motivational activities, and numerous case examples using mother models in vignettes that described situations common to the participants' experience.

4. Data analysis

The results obtained are expressed as mean \pm SEM (standard error of mean). Analysis of covariance (ANCOVA) was used to test the efficacy of the skills-training program relative to the waitlist control. Specifically, posttreatment scores for each dependent measure were examined, statistically controlling for pretreatment score. *P*-values less than 0.05 were considered statistically significant.

5. Result

5.1. Descriptive statistics

Table 1. Demographic and psychosocial characteristics of the pilot study sample

	Group	Experimental group		Control group		Total	
		Frequency	%	Frequency	%	Frequency	%
Mother's age	31-35	9	23.7	3	7.9	12	31.6
	36-40	5	13.2	10	26.3	15	39.5
	41-45	3	7.9	5	13.2	8	21.1
	46-48	2	5.3	1	2.6	3	7.9
	Total	19	50	19	50	38	100
Father's age	31-35	7	18.4	5	13.2	12	31.6
	36-40	7	18.4	8	21.1	15	39.5
	41-45	1	2.6	3	7.9	4	10.5
	46-48	4	10.5	3	7.9	7	18.4
	Total	19	50	19	50	38	100
Mother's education level	No diploma	2	5.3	1	2.6	3	7.9
	Diploma – B.A.	13	34.2	13	34.2	26	68.4
	B.A.	4	10.5	4	10.5	8	21.1
	M.A.-Ph.D.	0	-	1	2.6	1	2.6
	Total	19	50	19	50	38	100
Father's education level	No diploma	3	7.9	1	2.6	4	10.5
	Diploma – B.A.	11	28.9	10	26.3	21	55.3
	B.A.	4	10.5	5	13.2	9	23.7
	M.A.-Ph.D.	1	2.6	3	7.9	4	10.5
	Total	19	50	19	50	38	100
Mother's job	Homemaker	19	50	17	44.7	36	94.7
	Employee	0	-	2	5.3	2	5.3
	Total	19	50	19	50	38	100
Father's job	Employee	6	15.8	5	13.2	11	28.9
	Other	9	23.7	9	23.7	18	47.4
	Specialist	2	5.3	5	13.2	7	18.4
	Worker	2	5.3	0	-	2	5.3
	Total	19	50	19	50	38	100
Child's age	10	14	36.8	12	31.6	26	68.4
	11	5	13.2	7	18.4	12	31.6

	Total	19	50	19	50	38	100
Housing	Private	13	34.2	15	39.5	28	73.7
	Tenant	6	15.8	4	10.5	10	26.3
	Total	19	50	19	50	38	100
Number of children	1	1	2.6	2	5.3	3	7.9
	2	14	36.8	15	39.5	29	76.3
	3	4	10.5	2	5.3	6	15.8
	Total	19	50	19	50	38	100
Participants' birth order	1	10	26.3	12	31.6	22	57.9
	2	9	23.7	5	13.2	14	36.8
	3	0	-	2	5.3	2	5.3
	Total	19	50	19	50	38	100
Income (monthly)	\$200-\$300	2	5.3	4	10.5	6	15.8
	\$300-\$400	5	13.2	2	5.3	7	18.4
	\$400-\$500	2	5.3	4	10.5	6	15.8
	More than \$500	10	26.3	9	23.7	19	50
	Total	19	50	19	50	38	100

Table 1: Primary analysis showed that more than half of the mothers were between 30 and 40 years old at the time of the study. Sixty-eight percent of the mothers were high school graduates. Ninety-four of the mothers were homemakers. Fifty percent of the mothers had higher than average incomes. No significant differences were found between the experimental and control groups regarding mothers', daughters' or fathers' demographic variables. In addition, no pretreatment differences were found on the dependent measures, suggesting that random assignment was successful (Table 1).

Table 2. Stress scale differences before and after the training program

	Source	SS	df	MS	F
Posttest for competency	Pretest	424.76	1	424.76	16.47 ***
	Group	350.69	1	350.69	60.13 ***
	Error	902.18	1	25.77	
	Total	431.23	38		
Posttest for attachment	Pretest	40.44	1	40.44	6.77 **
	Group	43.25	1	43.25	7.24 **
	Error	209.03	35	5.97	
	Total	106.66	38		
Posttest for role restriction	Pretest	1.64	1	1.64	0.05 *
	Group	217.70	1	217.70	7.11 **
	Error	1071.51	35	30.61	
	Total	19029	38		
Posttest for depression	Pretest	208.08	1	208.08	13.33 ***
	Group	151.05	1	151.05	9.68 ***
	Error	246.02	35	15.60	
	Total	23366	38		
Posttest for relationship with spouse	Pretest	398.84	1	398.84	46.92 ***
	Group	44.44	1	44.44	5.22 **
	Error	297.47	35	8.49	
	Total	15184	38		
Posttest for social isolation	Pretest	173.79	1	173.79	20.71 ***
	Group	230.87	1	230.87	27.51 ***
	Error	293.67	35	8.39	
	Total	9229	38		
Posttest for parent's health status	Pretest	64.44	1	64.44	8.50 ***

	Group	44.63	1	44.63	5.89 **
	Error	265.13	35	7.57	
	Total	8121	38		
Posttest for life stress	Pretest	326.80	1	326.80	18.76 ***
	Group	3.56	1	3.56	0.20 *
	Error	609.62	35	17.41	
	Total	2016	38		
Posttest for factors	Pretest	2461.61	1	2461.61	8.63 ***
	Group	8935.46	1	8935.46	31.33 ***
	Error	9981.54	35	285.18	
	Total	809064	38		

* $p < N.S.$, ** $p < 0.05$, *** $p < 0.01$

As Table 2 shows, both measures of parental coping favored skill-training participants. Regarding the PSI, ANCOVA showed that parents in the experimental group had significantly decreased stress after the skills training program

Table 3. Differences in mothers' stress and its effect on children's self-esteem levels before and after the training program

	Source	SS	df	MS	F
Posttest for social self-esteem	Pretest	42.07	1	42.07	18.23 ***
	Group	0.85	1	0.85	0.37 *
	Error	80.76	35	2.30	
	Total	589	38		
Posttest for family self-esteem	Pretest	13.82	1	13.82	6.64 **
	Group	0.01	1	0.01	0.01 *
	Error	72.80	35	2.08	
	Total	1129	38		
Posttest for educational self-esteem	Pretest	20.74	1	20.74	6.31 **
	Group	1.63	1	1.63	0.94 *
	Error	114.94	35	3.28	
	Total	852	38		
Posttest for general self-esteem	Pretest	64.46	1	64.46	3.44 *
	Group	1.70	1	1.70	0.09 *
	Error	654.48	35	18.70	
	Total	14362	38		
Posttest for total self-esteem	Pretest	532.84	1	532.84	9.06 ***
	Group	0.03	1	0.03	0.01 *
	Error	2056.63	35	58.76	
	Total	2600	38		

* $p < N.S.$, ** $p < 0.05$, *** $p < 0.01$

As Table 3 shows, parenting skills training for mothers can increase their children's total self-esteem levels.

Table 4. Differences in parenting styles before and after the training program

Source	SS	df	MS	F
Indulgent parenting	130.854	1	130.854	8.500 ***
Group	48.538	1	48.538	3.153 *
Error	538.830	35	15.395	
Total	27651.000	38		
Corrected total	787.816	37		
Authoritarian parenting	238.420	1	238.420	9.787 ***
Group	.001	1	.001	.000 *
Error	852.633	35	24.361	
Total	23705.000	38		
Corrected total	1091.079	37		

(continued)

Table 4. Differences in parenting styles before and after the training program (continued)

Source	SS	df	MS	F
Authoritative parenting	13.916	1	13.916	.528 *
Group	110.083	1	110.083	4.180 **
Error	922.46	35	26.356	
Total	55014.000	38		
Corrected total	1050.211	37		

* $p < N.S.$, ** $p < 0.05$, *** $p < 0.01$

As Table 4 shows, parenting skills training could signify in mothers with authoritative parenting styles.

6. Discussion

As Table 3 shows, parenting skills training in mothers can increase their children's total self-esteem levels.

The basic premise of the self-esteem movement is that the problems experienced by numerous children, particularly those who are members of minority groups, are rooted in low self-esteem. The problems assumed to arise from low self-esteem seem to be countless and can range from apathy toward schoolwork to aggression and even homicide. Consequently, we face the challenge of raising children's self-esteem to avoid the problems associated with low self-esteem (Moghaddam, 2007).

In the present study, the small sample size and the brief period between the pretest and the posttest may have made demonstrating substantial changes more difficult, especially in terms of effecting measurable changes in overall stress levels and coping styles over an eight-week period. Despite these limitations, noteworthy benefits were demonstrated. We observed that learning parenting skills could significantly decrease the participants' (mothers') stress levels. This suggests that stress management and relaxation for mothers may have the effect of increasing their children's self-esteem. Furthermore, we found that the skills program could increase the total self-esteem and general familial self-esteem subscales for the children. This is in line with the focus of the stress-management program, which emphasized cognitive control concepts and techniques. As Lazarus and Folkman (1984) state, coping consists of two basic functions: problem solving and regulating emotional distress. The results of the study indicate that after the stress management program, the mothers in the experimental group had an increased confidence in their problem-solving abilities and in their ability to regulate their emotional distress, as indicated by the significant reduction in cognitive and affective manifestations of stress.

Our study is consistent with several studies (Dehart et al., 2006; Anole, 2007) that showed that adolescents with more authoritative parents had higher self-esteem. McGillicuddy et al. (2001) reported that a parenting-skills training program resulted in significant improvements in parental coping skills in the experimental group, compared

with waitlist controls. Dehart et al. (2006) showed that different aspects of parenting lead to various levels of self-esteem; therefore, mothers who use a more authoritative method have children with higher self-esteem and experience more positive interactions with their children.

Research has established a strong link between stress and child and adolescent internalizing and externalizing symptoms (Grant et al., 2003). The parental distress factor has been shown to predict anxiety and withdrawal in youth (Abidin et al., 1992). Costa et al. (2006) suggest that there are associations between parenting stress and parental psychopathology. Also, Gallagher et al. (2008) recently suggested that parental discipline styles characterized by harsh, punitive, or inconsistent discipline are associated with increased anxiety.

Many developmental psychologists would agree that maternal cognitions play an important role in parenting and child development (Conrad et al., 1992; Damast et al., 1996; Fewell and Wheeden, 1998; Holden, 1995; Sigel & Kim, 1996; Sigel and McGillicuddy-DeLisi, 2002). Therefore, it seems necessary to design psychological interventions to enhance parents' awareness of their responsibilities toward their children. It is hypothesized that maternal knowledge about child development influences the ways that mothers interpret their children's behavior and how they interact with their children (Cote and Bornstein, 2001). Mothers who are knowledgeable about child development are more likely to create an environment that is appropriate to their children's development and/or more likely to interact with their children in more sensitive ways, which in turn supports their children's social and cognitive development (Goodnow, 1988). In contrast, mothers who have unrealistic expectations about child development or a limited repertoire for effectively interacting with their children may use more ineffective parenting strategies, such as harsh and inconsistent discipline, thus setting the stage for less optimal child development (Dukewich et al., 1996). Although numerous studies suggest that maternal knowledge is a significant component of high-quality parenting, several limitations of this literature remain to be addressed. First, not all studies support the hypothesis that maternal knowledge promotes a high quality of parenting. Some studies show no significant relationship between maternal knowledge and parenting, especially those that focus on predominantly white, well-educated, and middle-class mothers (Conrad et al., 1992; Myers, 1982). This suggests that subgroup differences need to be further examined.

In conclusion, these findings suggest that parental discipline styles characterized by harsh, punitive, or inconsistent discipline and high stress levels are associated with increased anxiety and decreased child self-esteem. Care and control in parenting explained a small proportion of the variance, but discipline style was the only significant predictor, suggesting the need for a shift in research focus. Fortunately, treatments that tackle harsh and inconsistent parental discipline are already available, offering a unique opportunity to experimentally investigate this relationship further. The finding that a negative cognitive style mediates the relationship between discipline style and stress aids in the understanding of why parenting is important in the development of psychopathology.

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